

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Folts Home		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	15-0532183		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business	
	104 North Washington Street Herkimer, NY 13350	Number, Street, City, State & ZIP Code	
	Herkimer County	P.O. Box, Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)	foltscenterhomes.com		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor Folts Home
Name

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.6231

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

 Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

 No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

 No Yes.

List all cases. If more than 1, attach a separate list

Debtor Folts Adult Home, Inc. Relationship _____ Affiliate _____District Northern District of New York When 2/16/17 Case number, if known _____

Debtor

Folts Home

Name

11. Why is the case filed in this district? *Check all that apply:*

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)** It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other _____**Where is the property?**

Number, Street, City, State & ZIP Code

Is the property insured? No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:* Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors** 1-49 1,000-5,000 25,001-50,000 50-99 5001-10,000 50,001-100,000 100-199 10,001-25,000 More than 100,000 200-999**15. Estimated Assets** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion**16. Estimated liabilities** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

Debtor

Folts Home

Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 16, 2017
MM / DD / YYYY

X /s/ Dr. Anthony E. Piana

Signature of authorized representative of debtor

Dr. Anthony E. Piana

Printed name

Title Chairman, Board of Directors

18. Signature of attorney

X /s/ Stephen A. Donato

Signature of attorney for debtor

Date February 16, 2017

MM / DD / YYYY

Stephen A. Donato

Printed name

Bond, Schoeneck & King, PLLC

Firm name

One Lincoln Center

Syracuse, NY 13202

Number, Street, City, State & ZIP Code

Contact phone (315) 218-8000

Email address sdonato@bsk.com

101522

Bar number and State

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 16, 2017

X /s/ Dr. Anthony E. Piana

Signature of individual signing on behalf of debtor

Dr. Anthony E. Piana

Printed name

Chairman, Board of Directors

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	Folts Home
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF NEW YORK
Case number (if known):	_____

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Amtrust North America, Inc. 800 Superior Avenue East, 21st Floor Cleveland, OH 44114		Trade debt				\$121,268.00
Bonadio Receivable Solutions, LLC 171 Sully's Trail, Suite 201 Pittsford, NY 14534		Services provided				\$60,008.27
Centrex Clinical Labs 28 Campion Road New Hartford, NY 13413-1694		Trade debt				\$38,609.80
Chem RX 750 Park Place Long Beach, NY 11561		All parcels of real property		\$398,727.31	\$0.00	\$398,727.31
Chem RX 750 Park Place Long Beach, NY 11561		Trade debt				\$245,659.14
Cool Insuring Agency, Inc. 784 Troy-Schenectady Road Latham, NY 12110-2400		Insurance premiums				\$131,554.39
Excellus Health Plan Group Utica Business Park 12 Rhoads Drive Utica, NY 13502		Insurance premiums				\$139,891.82

Debtor Folts Home
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Health Facility Assessment Fund P.O. Box 4757 Syracuse, NY 13221-4757		Trade debt				\$408,892.00
Herkimer Town Clerk Herkimer Town Offices 114 North Prospect Street Herkimer, NY 13350		Unknown				\$43,333.29
Hess Corporation 1185 Avenue of the Americas, 40th Floor New York, NY 10036		Goods sold				\$83,199.02
National Grid 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202		Services provided				\$205,773.76
National Grid 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202		All parcels of real property		\$180,714.32	\$0.00	\$180,714.32
Nelson Associates 1 North Park Row Clinton, NY 13323		Services provided				\$58,219.13
New York State Insurance Fund 1045 7th North Street Liverpool, NY 13088		Unknown				\$48,984.97
NYAHSA 150 State Street Suite 301 Albany, NY 12207-1655		Trade debt				\$42,865.94
NYS Department of Health NYS Office of the Attorney General The Capitol Albany, NY 12224		Medicaid/Medicare Receivables		\$3,702,825.89	\$179,489.28	\$3,523,336.61
Select Rehabilitation 2600 Compass Road Glenview, IL 60026		Trade debt				\$359,260.99
Town of Herkimer and Town Assessor 114 N. Prospect Street Herkimer, NY 13350		Indebtedness due under Municipal Services Agreement				\$40,000.00

Debtor Folts Home
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Village of Herkimer 120 Green Street Herkimer, NY 13350		Unknown				\$119,544.70
Wesco Insurance Company 5800 Lombardo Center Cleveland, OH 44131		All parcels of real property		\$85,708.53	\$0.00	\$85,708.53

Fill in this information to identify the case:

Debtor name

Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known)

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 6,144,573.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 6,845,938.83

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 12,990,511.83

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 11,630,484.08

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 32,000.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 2,841,910.37

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 14,504,394.45

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

\$600.00

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Resident Trust Account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts) 3907 \$32,000.00

3.2. Operating account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts) 1397 \$750,000.00

3.3. Payroll account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts) 3899 \$4,500.00

3.4. Payroll account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts) 1828 \$4,500.00

3.5. Payroll account held with JP Morgan Chase Bank, 150 Main Street, Oneida, NY 13421 (in name of HomeLife at Folts) 3195 \$4,500.00

Debtor Folts Home _____ Case number (*If known*) _____
Name _____

Payroll account held with JP Morgan
Chase Bank, 150 Main Street, Oneida, NY

3.6. 13421 (in name of HomeLife at Folts) _____ 5629 _____ \$4,500.00

Payroll account held JP Morgan Chase
Bank in Fort Worth, Texas

3.7. _____ 9550 _____ \$358.00

4. **Other cash equivalents** (*Identify all*)

4.1. Funds held by NDNY Clerk in interpleader action _____ \$734,711.58

4.2. HUD Mortgage Reserve for Replacement Account _____ \$112,070.06

4.3. HUD Mortgage Sinking Fund Account _____ \$1,314,117.25

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

_____ \$2,961,856.89

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

No. Go to Part 3.

Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. Prepaid worker's compensation insurance as of 12/31/16 _____ \$26,928.42

8.2. Prepaid insurance for packaging and other as of 12/31/16 _____ \$12,095.00

8.3. Prepaid expenses for NYHSFA dues, time attendance contract and software as of 12/31/16 _____ \$1,041.70

8.4. Prepaid UBT/Corporate Tax as of 12/31/16 _____ \$54,283.00

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

_____ \$94,348.12

Debtor Folts Home
Name _____

Case number (*If known*) _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>1,766,328.74</u>	-	<u>376,912.32</u> =	<u>\$1,389,416.42</u>
	face amount		doubtful or uncollectible accounts	
11a. 90 days old or less:	<u>179,489.28</u>	-	<u>0.00</u> =	<u>\$179,489.28</u>
	face amount		doubtful or uncollectible accounts	
11a. 90 days old or less:	<u>61,477.76</u>	-	<u>0.00</u> =	<u>\$61,477.76</u>
	face amount		doubtful or uncollectible accounts	
11a. 90 days old or less:	<u>447,348.15</u>	-	<u>0.00</u> =	<u>\$447,348.15</u>
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>13,364.40</u>	-	<u>0.00</u> =	<u>\$13,364.40</u>
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>578,750.59</u>	-	<u>0.00</u> =	<u>\$578,750.59</u>
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	<u>3,146.22</u>	-	<u>0.00</u> =	<u>\$3,146.22</u>
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,672,992.82

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

19. **Raw materials**

20. **Work in progress**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 3

Debtor Folts Home _____ Case number (*If known*) _____
 Name _____

21. **Finished goods, including goods held for resale**

Miscellaneous toiletries,
 magazines and
 consumables located in
 gift shop at 104 N.
 Washington Street,
 Herkimer, New York

<u>N/A</u>	<u>\$0.00</u>	<u>\$100.00</u>
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22. **Other inventory or supplies**

Miscellaneous food on
 hand for cafeteria located
 at 104 N. Washington
 Street, Herkimer, NY

<u></u>	<u>\$0.00</u>	<u>\$24,532.00</u>
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Bandages, ointments, test
 strips, gloves, protective
 gear, antiseptic and other
 miscellaneous medical
 supplies located at 104 N.
 Washington Street,
 Herkimer, NY

<u></u>	<u>\$0.00</u>	<u>\$3,209.00</u>
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23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

<u></u>	<u>\$27,841.00</u>
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24. **Is any of the property listed in Part 5 perishable?**

No
 Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No
 Yes. Book value 0 Valuation method Cost Current Value 16000

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. **Office furniture**

Debtor Folts Home _____ Case number (*If known*) _____
 Name _____

Mattresses, hospital beds, chairs, dressers, lounge furniture, lamps, end tables, dining area tables and chairs, desks, cabinets and other miscellaneous furnishings located at 104 N. Washington Street, Herkimer, NY

\$0.00 _____ \$200,000.00 _____

40. **Office fixtures**
 Cafeteria fixtures, security systems, P.A. system, resident room call system and lighting fixtures located at 104 N. Washington Street, Herkimer, NY

\$0.00 _____ \$20,000.00 _____

41. **Office equipment, including all computer equipment and communication systems equipment and software**
 Telephone system, computers, printers and other miscellaneous office equipment located at 104 N. Washington Street, Herkimer, NY

\$0.00 _____ \$15,000.00 _____

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** _____ \$235,000.00 _____
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. 2008 Ford E350 Super Duty Transportation Bus, VIN # 1FD3E35S78DA26167 located at 104 N. Washington Street, Herkimer, New York	\$0.00	Blue Book Value	\$11,000.00
47.2. 2007 Ford E450 Super Duty Transportation Bus, VIN #1FDXE45S77DA69378 located at 104 N. Washington Street, Herkimer, New York	\$0.00	Blue Book Value	\$12,000.00

Debtor Folts Home _____ Case number (*If known*) _____
 Name _____

47.3.	2003 Ford E350 Super Duty Transportation Bus, VIN # 1FDWE35SX3HB42915 located at 104 N. Washington Street, Herkimer, New York; vehicle is not operable	\$0.00	\$1,000.00
47.4.	2008 Dodge Grand Caravan, VIN # 2D8HN44H38R702506 located at 104 N. Washington Street, Herkimer, New York	\$0.00	Blue Book Value \$8,900.00
47.5.	2008 Ford E350 Super Duty Transportation Bus, VIN #1FD3E355S98DA26168 located at 104 N. Washington Street, Herkimer, New York	\$0.00	Blue Book Value \$11,000.00
47.6.	2017 Ford Starcraft Transportation Bus (Vin #1FDEE3FS0HDC06680) located at 104 N. Washington Street, Herkimer, NY	\$0.00	Recent cost \$60,000.00
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels		
49.	Aircraft and accessories		
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Kitchen equipment, maintenance equipment, laundry equipment, physical therapy equipment, medical equipment, wheelchairs, patient monitoring equipment and other miscellaneous medical equipment located at 104 N. Washington Street, Herkimer, NY	\$0.00	\$750,000.00

51.	Total of Part 8.	\$853,900.00
	Add lines 47 through 50. Copy the total to line 87.	
52.	Is a depreciation schedule available for any of the property listed in Part 8?	
	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes	
53.	Has any of the property listed in Part 8 been appraised by a professional within the last year?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

Debtor	Folts Home Name	Case number (<i>If known</i>)
Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).		
55.1. Real property parcel (Tax Parcel #120.25-2-57.1) located at 104 N. Washington Street, Herkimer, New York, excepting a 0.253 acre of land conveyed to Folts Apartments Inc. by deed dated June 1, 1997 and recorded in the Herkimer County Clerk's Office on June 24, 1997		
	Fee simple	\$0.00
		\$6,000,000.00
55.2. Real property parcel (Tax Parcel #120.25-2-54) located at 214 Green Street, Herkimer, New York		
		\$0.00
		\$13,191.00
55.3. Real property parcel (Tax Parcel #120.25-2-59) located at 218 Green Street, Herkimer, New York		
		\$0.00
		\$82,234.00
55.4. Real property parcel (Tax Parcel #120.25-2-60.2) located on Green Street, Herkimer, New York		
		\$0.00
		\$38,404.00
55.5. Real property parcel (Tax Parcel #120.25-2-50.1) located at 134 N. Washington Street, Herkimer, NY		
	Fee simple	\$0.00
		\$2,021.00
55.6. Real property parcel (Tax Parcel #120.25-2-55.1) located at 130 N. Washington Street, Herkimer, NY		
		\$0.00
		\$8,723.00
56. Total of Part 9.		
		\$6,144,573.00

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

Debtor Folts Home _____ Case number (*If known*) _____
Name _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.

Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations List of residents at the skilled nursing home facility	\$0.00		\$0.00

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

Debtor Folts Home
Name

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$2,961,856.89	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$94,348.12	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,672,992.82	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$27,841.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$235,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$853,900.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$6,144,573.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$6,845,938.83	+ 91b. \$6,144,573.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$12,990,511.83

Fill in this information to identify the case:

Debtor name Folts HomeUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

 Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	Chem RX Creditor's Name 750 Park Place Long Beach, NY 11561 Creditor's mailing address Creditor's email address, if known Date debt was incurred 10/20/14 and 6/2/15 Last 4 digits of account number	Describe debtor's property that is subject to a lien All parcels of real property Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	\$398,727.31 \$0.00
2.2	Herkimer County Creditor's Name Attn: Pamela J. Putch, Property Agent 108 Court Street, Suite 3100 Herkimer, NY 13350 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien Tax Parcel #120.25-2-59 Describe the lien 2013 and 2014 Real Property Taxes Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) Do multiple creditors have an interest in the same property?	\$703.66 \$0.00

Debtor Folts Home
Name _____

Case number (if known) _____

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

- Contingent
 Unliquidated
 Disputed

2.3 Hill & Markes Co.
 Creditor's Name
P.O. Box 7
1997 State Highway 5S
Amsterdam, NY 12010
 Creditor's mailing address

Describe debtor's property that is subject to a lien
 All parcels of real property

\$2,749.08

\$0.00

Creditor's email address, if known

Date debt was incurred
8/25/14
 Last 4 digits of account number

Describe the lien

Judgment Lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.4 Internal Revenue Service
 Creditor's Name
P.O. Box 7346
Philadelphia, PA 19101-7346
 Creditor's mailing address

Describe debtor's property that is subject to a lien
 All parcels of real property and receivables

\$369,940.02

Unknown

Creditor's email address, if known

Date debt was incurred
February 11, 2013
 Last 4 digits of account number

Describe the lien
941 Federal Tax Lien for Period 6/30/12

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.5 Internal Revenue Service
 Creditor's Name
P.O. Box 7346
Philadelphia, PA 19101-7346
 Creditor's mailing address

Describe debtor's property that is subject to a lien
 All parcels of real property and receivables

\$356,528.54

Unknown

Creditor's email address, if known

Describe the lien
941 Federal Tax Lien for Period 9/30/12

Is the creditor an insider or related party?

- No
 Yes

Debtor Folts Home Name Case number (if known) _____

Is anyone else liable on this claim?

Date debt was incurred

March 13, 2013

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Check all that apply

- Contingent
 Unliquidated
 Disputed

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.6 Internal Revenue Service

Creditor's Name

P.O. Box 7346
 Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

May 31, 2013

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

Describe debtor's property that is subject to a lien

All parcels of real property and receivables

\$15,206.29

Unknown

Describe the lien

990 Federal Tax Lien for Period 12/31/11

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H)

2.7 Internal Revenue Service

Creditor's Name

P.O. Box 7346
 Philadelphia, PA 19101-7346

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

June 10, 2013

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All parcels of real property and receivables

\$4,600.05

Unknown

Describe the lien

941 Federal Tax Lien for Period 12/31/12

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.8 Internal Revenue Service

Describe debtor's property that is subject to a lien

\$11,894.47

Unknown

Debtor	Folts Home Name	Case number (if known)		
Creditor's Name	All parcels of real property and receivables			
P.O. Box 7346 Philadelphia, PA 19101-7346				
Creditor's mailing address				
Creditor's email address, if known				
Date debt was incurred	941 Federal Tax Lien for 3/30/13 & 6/30/13			
March 31, 2014	Is the creditor an insider or related party?			
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
As of the petition filing date, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
2.9	Internal Revenue Service Creditor's Name	Describe debtor's property that is subject to a lien All parcels of real property and receivables	\$55,666.35	Unknown
P.O. Box 7346 Philadelphia, PA 19101-7346				
Creditor's mailing address				
Creditor's email address, if known				
Date debt was incurred	941 Federal Tax Lien for 9/30/13 & 12/31/13			
June 3, 2014	Is the creditor an insider or related party?			
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
As of the petition filing date, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
2.1	Mountainside Medical Equipment, Inc. Creditor's Name	Describe debtor's property that is subject to a lien All parcels of real property	\$20,837.26	\$0.00
9262 Old River Road P.O. Box 247 Marcy, NY 13403-3042				
Creditor's mailing address				
Creditor's email address, if known				
Date debt was incurred	Judgment Lien			
12/20/13	Is the creditor an insider or related party?			
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
As of the petition filing date, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				

Debtor Folts Home
Name

Case number (if known) _____

- No
- Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
- Unliquidated
- Disputed

2.1 1	<p>National Grid</p> <p>Creditor's Name 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 6/14/13</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All parcels of real property</p> <p>Describe the lien Judgment Lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	\$180,714.32	\$0.00
2.1 2	<p>NYS Department of Health</p> <p>Creditor's Name NYS Office of the Attorney General The Capitol Albany, NY 12224</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 2008 to present</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Medicaid/Medicare Receivables</p> <p>Describe the lien Possessory Lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	\$3,702,825.89	\$179,489.28
2.1 3	<p>NYS Department of Taxation & Finance</p> <p>Creditor's Name Attn: Bankruptcy Section P.O. Box 5300 Albany, NY 12205-0300</p> <p>Creditor's mailing address</p> <p>Describe the lien</p>	<p>Describe debtor's property that is subject to a lien All parcels of real property</p>	\$79,392.07	\$0.00

Debtor Folts Home
Name

Case number (if known) _____

Withholding & Sales Taxes 2011 - 2013

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

9/30/13 and 4/17/14

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.1 4 NYS Dept. of
Labor-Unemployment Ins.
Div

Creditor's Name

Gov. W. A. Harriman State
Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$16,229.43

\$0.00

All parcels of real property

Creditor's email address, if known

Date debt was incurred

8/27/12

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.1 5 NYS Dept. of
Labor-Unemployment Ins.
Div

Creditor's Name

Gov. W. A. Harriman State
Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$12,799.04

\$0.00

All parcels of real property

Creditor's email address, if known

Date debt was incurred

6/11/13

Last 4 digits of account number

Describe the lien

Tax Warrent for 1Q 2013

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor Folts Home _____ Case number (if known) _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.1 NYS Dept. of Labor-Unemployment Ins. Div _____ \$26,555.52 _____ \$0.00 _____

Creditor's Name

Gov. W. A. Harriman State Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/27/13

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.1 NYS Dept. of Labor-Unemployment Ins. Div _____ \$31,685.16 _____ \$0.00 _____

Creditor's Name

Gov. W. A. Harriman State Office Bldg
Building 12, Room 256
Albany, NY 12240

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/25/13

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

Debtor	Folts Home	Case number (if known)
2.1	NYS Dept. of Labor-Unemployment Ins. Div	
8	Creditor's Name Gov. W. A. Harriman State Office Bldg Building 12, Room 256 Albany, NY 12240	Describe debtor's property that is subject to a lien All parcels of real property
	Creditor's mailing address	\$24,941.28
	Creditor's email address, if known	\$0.00
	Date debt was incurred 2/24/14	Describe the lien Tax Warrant 4Q 2013
	Last 4 digits of account number	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)
2.1	NYS Worker's Compensation Board	
9	Creditor's Name Judgment Unit 328 State Street Schenectady, NY 12305-2318	Describe debtor's property that is subject to a lien All parcels of real property
	Creditor's mailing address	\$4,000.00
	Creditor's email address, if known	\$0.00
	Date debt was incurred 8/28/14	Describe the lien Judgment Lien
	Last 4 digits of account number	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)
2.2	Rochdale Insurance Co.	
0	Creditor's Name 5800 Lombardo Center Cleveland, OH 44131	Describe debtor's property that is subject to a lien All parcels of real property
	Creditor's mailing address	\$20,401.46
	Creditor's email address, if known	\$0.00
	Describe the lien Judgment Lien	
	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Folts Home
Name

Case number (if known) _____

Date debt was incurred

4/14/14

Last 4 digits of account number**Is anyone else liable on this claim?**

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.2	<u>1</u> Sysco Syracuse, LLC	Describe debtor's property that is subject to a lien	<u>\$13,662.62</u>	<u>\$0.00</u>
-----	-------------------------------------	---	--------------------	---------------

Creditor's Name

2508 Warners Road
P.O. Box 80
Warners, NY 13164

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/4/13

Last 4 digits of account number**Do multiple creditors have an interest in the same property?**

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien
Judgment Lien
Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.2	<u>2</u> U.S. Dept. of Housing & Urban Development	Describe debtor's property that is subject to a lien	<u>\$6,174,084.11</u>	<u>\$6,000,000.00</u>
-----	---	---	-----------------------	-----------------------

Creditor's Name

Attn: Office of the Secretary
451 Seventh Street, SW -
Room 9243
Washington, DC 20410

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

February 25, 1993

Last 4 digits of account number**Do multiple creditors have an interest in the same property?**

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien
**Real property (Tax Parcel #120.25-2-57.1)
located at 104 N. Washington Street, Herkimer,
NY, excepting a 0.253 acre of land conveyed to
Folts Apartments Inc. by deed dated 6/1/97;
sinking fund acct and all personal property**

Describe the lien

First Mortgage and First Position Security
Interest

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

Debtor Folts Home _____ Case number (if known) _____

2.2	U.S. Foods, Inc.	Describe debtor's property that is subject to a lien	\$20,631.62	Unknown
3	Creditor's Name 9399 West Higgins Road Rosemont, IL 60018	Security interest in all goods, inventory, equipment and fixtures sold to Folts Home by U.S. Foods, Inc.		
	Creditor's mailing address			
	Creditor's email address, if known			
	Date debt was incurred December 12, 2012	Describe the lien Purchase Money Security (UCC-1 Filed)		
	Last 4 digits of account number	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
2.2	Wesco Insurance Company	Describe debtor's property that is subject to a lien	\$85,708.53	\$0.00
4	Creditor's Name 5800 Lombardo Center Cleveland, OH 44131	All parcels of real property		
	Creditor's mailing address			
	Creditor's email address, if known			
	Date debt was incurred 4/14/14	Describe the lien Judgment Lien		
	Last 4 digits of account number	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.			\$11,630,484. 08	

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor	Folts Home	Case number (if known)
Name and address		On which line in Part 1 did you enter the related creditor?
Craig Norman, Esq. Solomon and Solomon P.C. Five Columbia Circle Albany, NY 12203		Line <u>2.3</u>
Gary J. Valerino, Esq. Meggesto, Crossett & Valerino, LLP 313 East Willow St., Suite 201 Syracuse, NY 13203		Line <u>2.20</u>
Gary J. Valerino, Esq. Meggesto, Crossett & Valerino, LLP 313 East Willow Street, Suite 201 Syracuse, NY 13203		Line <u>2.24</u>
James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044		Line <u>2.4</u>
James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044		Line <u>2.5</u>
James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044		Line <u>2.6</u>
James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044		Line <u>2.7</u>
James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044		Line <u>2.8</u>
James Yu, Esq. U.S. Department of Justice - Tax Div. P.O. Box 55, Ben Franklin Station Washington, DC 20044		Line <u>2.9</u>
Joseph M. Shur, Esq. Relin, Goldstein & Crane, LLP 28 E. Main Street, Suite 1800 Rochester, NY 14614		Line <u>2.21</u>
Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198		Line <u>2.4</u>
Michael D. Gadarian, Esq. Office of the U.S. Attorney P.O. Box 7198, 100 S. Clinton Street Syracuse, NY 13261-7198		Line <u>2.5</u>

Debtor Folts Home
Name

Case number (if known) _____

Michael D. Gadarian, Esq.
Office of the U.S. Attorney
P.O. Box 7198, 100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.6

Michael D. Gadarian, Esq.
Office of the U.S. Attorney
P.O. Box 7198, 100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.7

Michael D. Gadarian, Esq.
Office of the U.S. Attorney
P.O. Box 7198, 100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.8

Michael D. Gadarian, Esq.
Office of the U.S. Attorney
P.O. Box 7198, 100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.9

Michael D. Gadarian, Esq.
Office of the U.S. Attorney
P.O. Box 7198, 100 South Clinton Street
Syracuse, NY 13261-7198

Line 2.22

Robert B. Liddell, Esq.
Hiscock & Barclay, LLP
One Park Place, 300 S. State Street
Syracuse, NY 13202-2078

Line 2.11

Secretary of Housing & Urban Development
451 Seventh Street, SW - #9230
Washington, DC 20410

Line 2.22

William F. Larkin, Esq.
P.O. Box 7198
100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.4

William F. Larkin, Esq.
P.O. Box 7198
100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.5

William F. Larkin, Esq.
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100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.6

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Syracuse, NY 13261-7198

Line 2.7

William F. Larkin, Esq.
P.O. Box 7198
100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.8

William F. Larkin, Esq.
P.O. Box 7198
100 S. Clinton Street
Syracuse, NY 13261-7198

Line 2.9

Debtor

Folts Home

Name

Case number (if known)

Fill in this information to identify the case:

Debtor name	Folts Home
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF NEW YORK
Case number (if known)	
<input type="checkbox"/> Check if this is an amended filing	

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Deposits from Residents into Trust Acct.	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32,000.00
	<input type="checkbox"/> Contingent	\$32,000.00
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address A.S. Neurology, P.C. Attn: Dr. Ahmed A. Shatla 210 Old Campion Road Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	\$37.17
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Trade debt</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2 Nonpriority creditor's name and mailing address Abbott Laboratories, Inc. 75 Remittance Drive Suite 1310 Chicago, IL 60675-1310 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,929.37
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Trade debt</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Folts Home Name	Case number (if known)
3.3	Nonpriority creditor's name and mailing address ABC Fire Extinguisher Co. 719 Court Street Utica, NY 13502-4117 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Ability Network, Inc. Butler Square 100 North 6th Street, Suite 900A Minneapolis, MN 55403 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address ABJ Fire Protection Co. 6500 New Venture Gear Drive East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Adirondack Compressed Gas 2430 Chenango Road Utica, NY 13502-5909 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address Adult Day Healthcare Council 13 British American Boulevard #2 Latham, NY 12110 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Airgas East 2 Main Street Whitesboro, NY 13492 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address American Red Cross of the Mohawk Valley 1415 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.10	Nonpriority creditor's name and mailing address Amherst Radiology 6000 Bailey Avenue Suite 1D Buffalo, NY 14226 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Amtrust North America, Inc. 800 Superior Avenue East, 21st Floor Cleveland, OH 44114 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Angie Dorantes 611 North Main Street Herkimer, NY 13350 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Anthony Franco 114 Rome Street Mohawk, NY 13407-4732 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Arjo Huntleigh Co. 2349 W. Lake Street, Suite 250 Addison, IL 60101 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Auto Salvage Technologies, Inc. 3107 NY-28 Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Bank of New York Mellon 225 Liberty Street New York, NY 10286 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.17	Nonpriority creditor's name and mailing address Bassett Healthcare One Atwell Road Cooperstown, NY 13326 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Biogenic Dental Corporation 282 Genesee Street Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Bonadio & Co., LLP 7936 Seneca Turnpike Clinton, NY 13323 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Bonadio Receivable Solutions, LLC 171 Sully's Trail, Suite 201 Pittsford, NY 14534 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Bonadio Receivable Solutions, LLC 171 Sully's Trail, Suite 201 Pittsford, NY 14534 Date(s) debt was incurred <u>August - December 2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Brown-Randall, Inc. 5519 State Route 5 Herkimer, NY 13350-3509 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address Business Development Bureau 398 Columbus Avenue Boston, MA 02116-6008 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.24	Nonpriority creditor's name and mailing address Businessware Consulting 125 West Main Street Waterville, NY 13480-1165 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address Cable Express 5404 South Bay Road Syracuse, NY 13212 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address Carlo Masi & Sons, Inc. Wholesale Fruit & Produce 9 Wurz Avenue Utica, NY 13502-2533 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address Carolyn V. Neverusky 612 Church Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address Carriage House Medical Management 2514 Genesee Street Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address Carrier Northeast P.O. Box 4808 Building TR-5 Syracuse, NY 13221-4808 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Catskill Spring Water 800 Broad Street Utica, NY 13501-1402 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.31	Nonpriority creditor's name and mailing address CDMT, Inc. 137 Lark Street Albany, NY 12210 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Centrad Healthcare LLC 184 Shuman Boulevard, Suite 130 Naperville, IL 60563 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address Central New York Cardiology Marian Medical Building 2211 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address Centrex Clinical Labs 28 Campion Road New Hartford, NY 13413-1694 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Chem RX 750 Park Place Long Beach, NY 11561 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Cintas Corporation P.O. Box 630910 Cincinnati, OH 45263-0803 Date(s) debt was incurred <u>Prior to January 2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Clarkair Systems 645 Persons Street East Aurora, NY 14052-2525 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.38	Nonpriority creditor's name and mailing address Clinton Tractor & Implement Co., Inc. 31 Meadow Street Clinton, NY 13323	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred <u>Prior to January 2016</u>	Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address CNY Cardiology 2211 Genesee Street Utica, NY 13501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Services provided</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address Cool Insuring Agency, Inc. 784 Troy-Schenectady Road Latham, NY 12110-2400	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Insurance premiums</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address Corby Industries, Inc. 812 N. Gilmore Street Allentown, PA 18109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Goods sold</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Daisy Healthcare 701 Sequoyah Road Soddy Daisy, TN 37379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Trade debt</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address Datamatrix Technologies Inc. 333 Westchester Avenue Suite S207 West Harrison, NY 10604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Trade debt</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address DayMark Safety Systems 12830 S. Dixie Highway Bowling Green, OH 43402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Goods sold</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.45	Nonpriority creditor's name and mailing address Debra Brown c/o Murad and Murad, P.C. 291 Genesee Street, 2nd Floor Utica, NY 13501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Workers compensation settlement</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Decor Planting by Bogner 45 Tamarack Drive New Hartford, NY 13413	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Services provided</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address Deepak Buch, MD, EMP 104 Stonebridge Court New Hartford, NY 13413	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>February 2017</u>	Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	Nonpriority creditor's name and mailing address Dennis Chronkhite 610 Fordsbush Road Fort Plain, NY 13339-3605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u> </u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address Dentcare Dental Services, P.C. 11 Arcadian Drive Spring Valley, NY 10977	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>Prior to January 2016</u>	Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address Dente Engineering P.C. 594 Broadway Watervliet, NY 12189	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Trade debt</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address Direct Supply, Inc. 6767 N. Industrial Road Milwaukee, WI 53223-5815	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Goods sold</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.52	Nonpriority creditor's name and mailing address Dr. Atul Butala Atul Butala Physicians, P.C. 807 Newell Street Utica, NY 13502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$3,425.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.53	Nonpriority creditor's name and mailing address Dr. Charles Q. Bui 25825 S. Vermont Avenue Harbor City, CA 90710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$64.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.54	Nonpriority creditor's name and mailing address Dr. Gregory Rorick DPM 587 Main Street Suite 102B New York Mills, NY 13417	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$70.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.55	Nonpriority creditor's name and mailing address Dr. Om Wadhera 415 N. Prospect Street Herkimer, NY 13350	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$18,000.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.56	Nonpriority creditor's name and mailing address Dynatronics Co. 7030 Park Centre Drive Salt Lake City, UT 84121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$310.79
	<u>Last 4 digits of account number</u> <u> </u>	
3.57	Nonpriority creditor's name and mailing address Ecolab 12640 Bannock Drive Charlotte, NC 28290-5327	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$742.74
	<u>Last 4 digits of account number</u> <u> </u>	
3.58	Nonpriority creditor's name and mailing address Elder Alarms, LLC 1224 Mill Street Building B East Berlin, CT 06023	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$384.75
	<u>Last 4 digits of account number</u> <u> </u>	

Debtor	Folts Home Name	Case number (if known)
3.59	Nonpriority creditor's name and mailing address ElderCare Communications 5878 Cook Road Suite F Milford, OH 45150 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address Ellis Medicine 1101 Nott Street Schenectady, NY 12308 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	Nonpriority creditor's name and mailing address Emergency Physician Services of NY, PC 241 North Road Poughkeepsie, NY 12601-1154 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address Empire Recycling Corp. P.O. Box 353 Utica, NY 13503-0353 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address Excellus Health Plan Group Utica Business Park 12 Rhoads Drive Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address Farmer Brothers Coffee 6838 Ellicott Drive, Suite 4 East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address Faxton St. Lukes Healthcare 1676 Sunset Avenue Utica, NY 13502-5416 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.66	Nonpriority creditor's name and mailing address Federal Express Corp. Attn: Bankruptcy Department 3965 Airways Boulevard, Module G, 3rd Fl Memphis, TN 38116-5017 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address First United Methodist Church P.O. Box 88 Herkimer, NY 13350 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address Fiscal Care Services 1200 River Avenue Unit C-D Lakewood, NJ 08701 Date(s) debt was incurred <u>October 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	Nonpriority creditor's name and mailing address Folts Adult Home, Inc. 104 N. Washington Street Herkimer, NY 13350 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany loans</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address Forefront Telecare, Inc. 1900 Powell Street, #820 Emeryville, CA 94608 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address Genesee Orthopedic & Hand Surgery 1903 Sunset Avenue Utica, NY 13502-5617 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address GHI 5015 Campuswood Drive East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.73	Nonpriority creditor's name and mailing address Guardian Insurance Co. P.O. Box 2459 Spokane, WA 99210 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address Guardian Life Insur. Company of America 7 Hanover Square Customer Service, H-6-D New York, NY 10004 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address Harbor Linen, LLC 2 Foster Avenue Gibbsboro, NJ 08026 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address Hartford Steam Boiler 1 State Street Hartford, CT 06103 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address Health Facility Assessment Fund P.O. Box 4757 Syracuse, NY 13221-4757 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address Health Facility Assessment Fund P.O. Box 4757 Syracuse, NY 13221-4757 Date(s) debt was incurred <u>January 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address Health System Services Co. 699 S. Main Street Canandaigua, NY 14424 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.80	Nonpriority creditor's name and mailing address Heart of New York Chapter 118 Attn: Heather Bernard, DNP, RN, CIC 1656 Champlin Avenue Utica, NY 13502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$100.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.81	Nonpriority creditor's name and mailing address Heidelberg Baking Company 3056 State Route 28 Herkimer, NY 13350	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$357.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.82	Nonpriority creditor's name and mailing address Herkimer County HealthNet 320 N. Main Street, Suite 3300 Herkimer, NY 13350	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$15.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.83	Nonpriority creditor's name and mailing address Herkimer County Office for the Aging 109 Mary Street Suite 1101 Herkimer, NY 13350	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$85.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.84	Nonpriority creditor's name and mailing address Herkimer County Sewer District 106 W. Main Street Mohawk, NY 13407-1096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$18.38
	<u>Last 4 digits of account number</u> <u> </u>	
3.85	Nonpriority creditor's name and mailing address Herkimer Eye Care Center 394 E. State Street Herkimer, NY 13350	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$35.00
	<u>Last 4 digits of account number</u> <u> </u>	
3.86	Nonpriority creditor's name and mailing address Herkimer Janitorial Supply, Inc. 251 Osborne Hill Road Herkimer, NY 13350	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<u>Date(s) debt was incurred</u> <u>prior to 10/1/2013</u>	\$1,436.35
	<u>Last 4 digits of account number</u> <u> </u>	

Debtor	Folts Home Name	Case number (if known)
3.87	Nonpriority creditor's name and mailing address Herkimer Town Clerk Herkimer Town Offices 114 North Prospect Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88	Nonpriority creditor's name and mailing address Hess Corporation 1185 Avenue of the Americas, 40th Floor New York, NY 10036 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.89	Nonpriority creditor's name and mailing address Hewlett-Packard Co. 1501 Page Mill Road Palo Alto, CA 94304 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90	Nonpriority creditor's name and mailing address Hill & Markes Co. P.O. Box 7 1997 State Highway 5S Amsterdam, NY 12010 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91	Nonpriority creditor's name and mailing address HomeLife Companies, Inc. 13 East Winter Street Delaware, OH 43015 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92	Nonpriority creditor's name and mailing address Hummel's Office Equipment 114 W. Albany Street Herkimer, NY 13350-1989 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address InstantWhip - Eastern New York, Inc. 3106 Wayne Street Endicott, NY 13760 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.94	Nonpriority creditor's name and mailing address Ivans, Inc. 225 High Ridge Road Stamford, CT 06905 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address Joseph Flihan Co. 426 Broad Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address Joseph Pashley 272 Millers Grove Frankfort, NY 13340 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address K & A Services Co. 6400 Collamer Road East Syracuse, NY 13057-1032 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Kinsley Power Systems 6200 E. Molloy Road East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Kunkel Ambulance Service 410 Catherine Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Lawrence Kozak 220 Butternut Road Richfield Springs, NY 13439 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.101	Nonpriority creditor's name and mailing address Leading Age New York 13 British American Boulevard, Suite 2 Latham, NY 12110-1431 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address Little Falls Ambulance 659 E. Main Street Little Falls, NY 13365 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address Little Falls Hospital 140 Burwell Street Little Falls, NY 13365 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address Mailfinance Services 478 Wheelers Farms Road Milford, CT 06461 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address Mary Imogene Bassett Hospital 1 Atwell Road Cooperstown, NY 13326 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address Mass Mutual 1295 State Street Springfield, MA 01111 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address Max and Blom, M.D., P.C.'s Faxton, 4th Floor 1676 Sunset Avenue Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.108	Nonpriority creditor's name and mailing address Med-Rev Recoveries, Inc. 100 Metropolitan Park Drive, #100 Liverpool, NY 13088 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address Medco Equipment Inc. 30 Hilltop Road Houlton, WI 54082 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address Medical Staffing Network Inc. 6551 Park of Commerce Boulevard Boca Raton, FL 33487 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address Medspar 400 Plaza Drive Suite C Vestal, NY 13850 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address Melyx Corporation 21830 Industrial Boulevard Rogers, MN 55374 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	Nonpriority creditor's name and mailing address Mohawk Hospital Equipment 335 Columbia Street Utica, NY 13502-4270 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address Mohawk Valley Ambulance Corps., Inc. 15 State Route 5S Mohawk, NY 13407 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.115	Nonpriority creditor's name and mailing address Mohawk Valley Imaging, P.C. 103 Twin Oaks Drive Syracuse, NY 13206-1205 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address Mohawk Valley Retina PLLC 120 Memorial Parkway Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address Morphotrust USA, Inc. 296 Concord Road, Suite 300 Billerica, MA 01821 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address Mountainside Medical 9262 Old River Road P.O. Box 247 Marcy, NY 13403-3042 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address National Grid 300 Erie Boulevard West Attn: Bankruptcy Team Syracuse, NY 13202 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address Nelson Associates 1 North Park Row Clinton, NY 13323 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address New York State Insurance Fund 1045 7th North Street Liverpool, NY 13088 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.122	Nonpriority creditor's name and mailing address Northeast Medical, Inc. 6208 Breed Road Camillus, NY 13031-9634 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	Nonpriority creditor's name and mailing address Northern Safety Co., Inc. P.O. Box 4250 Utica, NY 13504-4250 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124	Nonpriority creditor's name and mailing address Northland Communications 1 Dupli Park Drive Syracuse, NY 13218 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125	Nonpriority creditor's name and mailing address Nunn's Home Medical Equipment 1340 Floyd Avenue Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address NYAHSA 150 State Street Suite 301 Albany, NY 12207-1655 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address NYS Department of Health NYS Office of the Attorney General The Capitol Albany, NY 12224 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address Observer-Dispatch 221 Oriskany Plaza Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.129	Nonpriority creditor's name and mailing address Omnicare of New York 1600 River Center II 100 E. River Center Boulevard Covington, KY 41011-1555 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address Optuminsight, Inc. 13625 Technology Drive Eden Prairie, MN 55344 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131	Nonpriority creditor's name and mailing address Otis Elevator Company 5 Technology Place East Syracuse, NY 13057-9490 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	Nonpriority creditor's name and mailing address P.J. Green, Inc. 24 Corporate Circle, #2 East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	Nonpriority creditor's name and mailing address Pearson Education Co. 1 Lake Street Upper Saddle River, NJ 07458 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	Nonpriority creditor's name and mailing address Phoenix Textile Corp. 21 Commerce Drive O Fallon, MO 63366 Date(s) debt was incurred <u>prior to January 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	Nonpriority creditor's name and mailing address ProNexus Co. 171 Sully's Trail Pittsford, NY 14534 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.136	Nonpriority creditor's name and mailing address ProNexus Co. 171 Sully's Trail Pittsford, NY 14534 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$920.00</u> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137	Nonpriority creditor's name and mailing address Pugliese Pest Solutions, Inc. 1001 Noyes Street Utica, NY 13502 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$135.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138	Nonpriority creditor's name and mailing address Quandts Food Service, Inc. 105 Quist Road P.O. Box 700 Amsterdam, NY 12010-0700 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$29,360.22</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	Nonpriority creditor's name and mailing address Radiology Associates 185 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$369.21</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address Receivables Control Corporation 7373 Kirkwood Court, Suite 200 Maple Grove, MN 55369 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,380.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	Nonpriority creditor's name and mailing address Reliable Health Systems, LLC 2610 Nostrand Avenue Brooklyn, NY 11210 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,165.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	Nonpriority creditor's name and mailing address Resident Shoppers Service, Inc. 5946 Success Drive Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$224.67</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.143	Nonpriority creditor's name and mailing address Richard D. Wroblewski 67 W. Main Street Mohawk, NY 13407-1039 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address Riverside Dental 338 E. State Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	Nonpriority creditor's name and mailing address Rorick Podiatry 587 Main Street Suite 102B New York Mills, NY 13417 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address Ruffo Tabora Mainello & McKay, P.C. 311 Great Oaks Boulevard Albany, NY 12203-7911 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address Rural Metro Medical Services 488 W. Onondaga Street Syracuse, NY 13202 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address Saunders Kahler, LLC 185 Genesee Street, Suite 1400 Utica, NY 13501 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address Select Rehabilitation 2600 Compass Road Glenview, IL 60026 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.150	Nonpriority creditor's name and mailing address Shamrock Sewer Services, LLC 41 2nd Avenue Ilion, NY 13357 Date(s) debt was incurred <u>prior to January 2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address Simplex Time Recorder Co. 415 E. Main Street Endicott, NY 13760 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	Nonpriority creditor's name and mailing address Slocum Dickson Medical 1729 Burrstone Road New Hartford, NY 13413-1093 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.153	Nonpriority creditor's name and mailing address St. Elizabeth Medical Center 2209 Genesee Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address Staples Business Advantage Dept. ROC P.O. Box 415256 Boston, MA 02241 Date(s) debt was incurred <u>February 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	Nonpriority creditor's name and mailing address Statewide Machinery, Inc. 60 Pixley Industrial Parkway Rochester, NY 14624-2378 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Good sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	Nonpriority creditor's name and mailing address Stewarts Shop 260 Mohawk Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to January 2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>HomeLife debt under Receiver Agreement dated November 1, 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.157	Nonpriority creditor's name and mailing address Superior Plus Energy Services 5868 Success Drive Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158	Nonpriority creditor's name and mailing address Swish Co. 9225 River Road Marcy, NY 13403 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.159	Nonpriority creditor's name and mailing address The CBORD Group, Inc. 950 Danby Road Suite 100C Ithaca, NY 14850 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.160	Nonpriority creditor's name and mailing address The Evening Telegram 111 Green Street P.O. Box 551 Herkimer, NY 13350-0551 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.161	Nonpriority creditor's name and mailing address The Evening Times 1010 Highway 77 North Marion, AR 72364 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162	Nonpriority creditor's name and mailing address The Hartford Financial Services Group 690 Asylum Avenue Hartford, CT 06155 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address Theodore D. Wind, O.D. 45 W. Main Street Little Falls, NY 13365 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.164	Nonpriority creditor's name and mailing address Thyssenkrupp Elevator 6067 Corporate Drive East Syracuse, NY 13057 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address Time Warner Cable Division Office 120 Plaza Drive, Suite D Vestal, NY 13850-3640 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address Tom Urdang 246 County Highway 151 Dolgeville, NY 13329 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address TotalKare of America, Inc. 1112 East Fayette Street, 2nd Floor Syracuse, NY 13210-1922 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address Town of Herkimer and Town Assessor 114 N. Prospect Street Herkimer, NY 13350 Date(s) debt was incurred <u>May 1, 1999</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indebtedness due under Municipal Services Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address Tri County Medical, P.C. 111 East Chestnut Street Suite 6, Lower Level Rome, NY 13440 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address True Yellow Pages 10624 S. Eastern Avenue, Suite A-417 Henderson, NV 89052 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.171	Nonpriority creditor's name and mailing address United Telemanagement Corp. 6450 Poe Avenue Suite 401 Dayton, OH 45414 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address Utica Valley Electric Supply 2415 W. Whitesboro Street P.O. Box 230 Yorkville, NY 13495 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.173	Nonpriority creditor's name and mailing address Verizon Wireless P.O. Box 4003 Acworth, GA 30101 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	Nonpriority creditor's name and mailing address Village of Herkimer 120 Green Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unknown</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address Village of Herkimer 120 Green Street Herkimer, NY 13350 Date(s) debt was incurred <u>May 1, 1999</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indebtedness due under Municipal Services Agreement (see entry for Town of Herkimer and Town Assessor)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address Village of Herkimer Water & Sewer Dept. S. Washington Street Herkimer, NY 13350 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.177	Nonpriority creditor's name and mailing address Waste Management of Utica 2003 Bleecker Street Utica, NY 13501 Date(s) debt was incurred <u>prior to 10/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Folts Home Name	Case number (if known)
3.178	Nonpriority creditor's name and mailing address Wells Fargo Equipment Finance 283 Commack Road Commack, NY 11725	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u> </u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.179	Nonpriority creditor's name and mailing address Wyatt Funding Corp. 22 Wrights Mill Road Armonk, NY 10504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred <u>prior to 10/1/2013</u>	Basis for the claim: <u>Trade debt</u>
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	A.S. Neurology, P.C. Attn: Dr. Ahmed A. Shatla 210 Old Campion Road New Hartford, NY 13413	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	Bank of New York Mellon 811 Court Street Utica, NY 13502	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	Carriage House Medical Management 3985 Oneida Street, #101 New Hartford, NY 13413	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	Central New York Cardiology Orchard Hill Medical Building 301 Genesee Street, Suite B Oneida, NY 13421	Line <u>3.33</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.5	Chem RX 16 Walker Way Albany, NY 12205	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.6	Direct Supply, Inc. L.T. Care Suppliers Bin 201 Milwaukee, WI 53288	Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.7	Ellis Medicine P.O. Box 29930 New York, NY 10087-9930	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.8	Emergency Physician Services of NY, PC P.O. Box 636008 Cincinnati, OH 45263-6008	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Debtor	Folts Home Name	Case number (if known)
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.9	Excellus Health Plan Group 333 Butternut Drive Syracuse, NY 13214-1803	Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain _____
4.10	Faxton St. Lukes Healthcare P.O. Box 4849 Utica, NY 13504-4849	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____
4.11	Faxton St. Lukes Healthcare P.O. Box 479 Utica, NY 13503	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____
4.12	Guardian Life Insurance Co. P.O. Box 26100 Lehigh Valley, PA 18002-6100	Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain _____
4.13	Health System Services Co. 6867 Williams Road Niagara Falls, NY 14304	Line <u>3.79</u> <input type="checkbox"/> Not listed. Explain _____
4.14	Joseph Flihan Co. 418-426 Broad Street P.O. Box 4039 Utica, NY 13504-4039	Line <u>3.95</u> <input type="checkbox"/> Not listed. Explain _____
4.15	Kinsley Power Systems 14 Connecticut South Drive East Granby, CT 06026	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain _____
4.16	Med-Rev Recoveries, Inc. c/o John Saint Dennis 1217 Milton Avenue Syracuse, NY 13209-0280	Line <u>3.108</u> <input type="checkbox"/> Not listed. Explain _____
4.17	Medspar P.O. Box 830 Binghamton, NY 13902-0830	Line <u>3.111</u> <input type="checkbox"/> Not listed. Explain _____
4.18	Mohawk Valley Retina PLLC 83 Genesee Street New Hartford, NY 13413	Line <u>3.116</u> <input type="checkbox"/> Not listed. Explain _____
4.19	Northern Safety Co., Inc. 126 Industrial Park Drive Frankfort, NY 13340	Line <u>3.123</u> <input type="checkbox"/> Not listed. Explain _____
4.20	Nunn's Home Medical Equipment 817 East Genesee Street Syracuse, NY 13210	Line <u>3.125</u> <input type="checkbox"/> Not listed. Explain _____
4.21	P.J. Green, Inc. 100 Whitesboro Street P.O. Box 4026 Utica, NY 13504	Line <u>3.132</u> <input type="checkbox"/> Not listed. Explain _____

Debtor	Folts Home Name	Case number (if known)
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.22	Phoenix Textile Corporation P.O. Box 1328 Saint Peters, MO 63376-0023	Line <u>3.134</u> <input type="checkbox"/> Not listed. Explain _____
4.23	Pugliese Pest Solutions 909 Oswego Street Utica, NY 13502	Line <u>3.137</u> <input type="checkbox"/> Not listed. Explain _____
4.24	Rural Metro Medical Services P.O. Box 671 Syracuse, NY 13201	Line <u>3.147</u> <input type="checkbox"/> Not listed. Explain _____
4.25	The Evening Times P.O. Box 459 West Memphis, AR 72303	Line <u>3.161</u> <input type="checkbox"/> Not listed. Explain _____
4.26	The Hartford 300 S. State Street Syracuse, NY 13202	Line <u>3.162</u> <input type="checkbox"/> Not listed. Explain _____
4.27	Time Warner Cable P.O. Box 4222 Buffalo, NY 14240-4222	Line <u>3.165</u> <input type="checkbox"/> Not listed. Explain _____
4.28	Village of Herkimer, Herkimer County 120 Green Street Herkimer, NY 13350	Line <u>3.176</u> <input type="checkbox"/> Not listed. Explain _____
4.29	Waste Management of Utica P.O. Box 13648 Philadelphia, PA 19101-3648	Line <u>3.177</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>32,000.00</u>
5b.	\$ <u>2,841,910.37</u>
5c.	\$ <u>2,873,910.37</u>

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Major Account Services-Master Services Agreement by and between ADP, Inc. and Folts Home dated November 17, 2015

State the term remaining

ADP, LLC
One ADP Boulevard
Roseland, NJ 07068

List the contract number of any government contract

2.2. State what the contract or lease is for and the nature of the debtor's interest

CDPHP Participating Facility Agreement by and between Capital District Physician's Health Plan, Inc. and HomeLife at Folts, LLC dated May 1, 2016
2 months, with annual renewals

State the term remaining

Capital District Physicians' Health Plan
500 Patroon Creek Boulevard
Albany, NY 12206-1057

List the contract number of any government contract

2.3. State what the contract or lease is for and the nature of the debtor's interest

Dietary Services Agreement by and between Central Care Solutions LLC and HomeLife at Folts, LLC dated February 15, 2015
30 day renewals

State the term remaining

Central Care Solutions, LLC
Attn: Mark Kalmanowitz
1420 East Linden Avenue
Linden, NJ 07036

List the contract number of any government contract

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.4.	State what the contract or lease is for and the nature of the debtor's interest	Pharmacy Services Agreement by and between Colonial LTC Pharmacy, Inc. and HomeLife Companies at Folts, LLC dated February 14, 2015	Colonial LTC Pharmacy, Inc. Attn: Robert Langdon, R.PH. 100 Main Street Whitesboro, NY 13492
	State the term remaining	2 years	
	List the contract number of any government contract		
2.5.	State what the contract or lease is for and the nature of the debtor's interest	Master Agreement by and between Digital Office Solutions ad HomeLife at Folts, LLC dated February 25, 2015 and supplemented on August 30, 2016 for the purchase of 2 Kyocera Taskalfa 420i, 2 Kyocera Copystar CS420i, and 1 Copystar 6 months	Digital Office Solutions 104 Saluda Ridge Court West Columbia, SC 29169
	State the term remaining		
	List the contract number of any government contract		
2.6.	State what the contract or lease is for and the nature of the debtor's interest	Dishmachine Lease Agreement by and between Ecolab, Inc. and HomeLife at Folts dated May 28, 2015	Ecolab, Inc. 370 N. Wabasha Street Saint Paul, MN 55102
	State the term remaining	Annual 1 year renewals	
	List the contract number of any government contract		
2.7.	State what the contract or lease is for and the nature of the debtor's interest	Physician Services Agreement by and between Empire Wound Physician Services, PLLC and HomeLife at Folts Nursing & Rehab dated March 3, 2016	Empire Wound Physician Services, PLLC Attn: Mr. Milton Schachter 5800 Landerbrook Drive, #100 Cleveland, OH 44124
	State the term remaining		
	List the contract number of any government contract		

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.8. State what the contract or lease is for and the nature of the debtor's interest

Participating Provider
Agreement for Skilled Nursing Facility Services by and between Excellus Health Plan and HomeLife at Folts, LLC dated March 21, 2016

State the term remaining

No expiration date

Excellus Health Plan
12 Rhoads Drive
Utica, NY 13502

List the contract number of any government contract

2.9. State what the contract or lease is for and the nature of the debtor's interest

Standard Skilled Nursing Facility Provider
Agreement by and between New York State Catholic Health Plan, Inc. d/b/a Fidelis Care of New York and HomeLife at Folts, LLC dated May 5, 2016

State the term remaining

4 months with automatic renewals

Fidelis Care
31 British American Boulevard
Latham, NY 12110

List the contract number of any government contract

2.10. State what the contract or lease is for and the nature of the debtor's interest

Customer Services
Agreement by and between FP Mailing Solutions and HomeLife at Folts dated November 8, 2016 for postage meter

State the term remaining

20 months

FP Mailing Solutions
140 N. Mitchell Court
Suite 200
Addison, IL 60101-5629

List the contract number of any government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

Asset Purchase
Agreement by and between Folts Adult Home, Inc., Folts Home, Folts Apartments, Inc. and HomeLife Companies, Inc. dated April 17, 2014, together with Extension Agreements dated September 30, 2014, January 31, 2015 and August 31, 2015

State the term remaining

HomeLife Companies, Inc.
13 East Winter Street
Delaware, OH 43015

List the contract number of any

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.12. State what the contract or lease is for and the nature of the debtor's interest

Agreement for Hospice Care to Skilled Nursing Facility Residents by and between Hospice & Palliative Care, Inc. and HomeLife at Folts dated May 6, 2015

State the term remaining

List the contract number of any government contract

Hospice & Palliative Care
4277 Middle Settlement Road
New Hartford, NY 13413

2.13. State what the contract or lease is for and the nature of the debtor's interest

Psychiatry Services Agreement by and between IPC Hospitalist Services of New York, P.C., HomeLife at Folts, LLC and HomeLife at Folts-Claxton, LLC dated August 1, 2015
Automatic annual renewals

State the term remaining

List the contract number of any government contract

IPC Hospitalist Services of NY, PC
4605 Lankershim Boulevard
Suite 617
North Hollywood, CA 91602

2.14. State what the contract or lease is for and the nature of the debtor's interest

Diagnostic Healthcare Services Agreement by and between K&A Radiologic Technology Services, Inc. and HomeLife at Folts, LLC dated September 14, 2015

State the term remaining

List the contract number of any government contract

K&A Radiologic Technology Services, Inc
6400 NY-298
East Syracuse, NY 13057

2.15. State what the contract or lease is for and the nature of the debtor's interest

Runout Agreement by and between Lifetime Benefit Solutions, Inc. and HomeLife at Folts, LLC dated June 11, 2015

State the term remaining

List the contract number of any government contract

Lifetime Benefit Solutions, Inc.
115 Continuum Drive
Liverpool, NY 13088

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.16. State what the contract or lease is for and the nature of the debtor's interest

Landscaping and Snowblowing Services Agreement by and between Mohawk Valley Landscaping and Folts Home dated September 27, 2016

State the term remaining

2016-2017 season

Mohawk Valley Landscaping
422 Henry Street
Herkimer, NY 13350

List the contract number of any government contract

2.17. State what the contract or lease is for and the nature of the debtor's interest

Cylinder and Bulk Gas Agreement by and between Northeast Medical Repairs, Inc. and Folts Center Homes (Folts Home) dated September 20, 2016
8 months with 3 year renewal

State the term remaining

Northeast Medical Repairs, Inc.
6143 Van Alstine Road
Camillus, NY 13031

List the contract number of any government contract

2.18. State what the contract or lease is for and the nature of the debtor's interest

Nursing Home Receiver Agreement by and between Folts Home, the New York State Department of Health and HomeLife at Folts, LLC dated November 1, 2014

State the term remaining

1 month

NYS Department of Health
Erastus Corning Tower
24th Floor, Room 2482
Albany, NY 12237

List the contract number of any government contract

2.19. State what the contract or lease is for and the nature of the debtor's interest

Staff Augmentation Services Agreement by and between ProNexus and Folts Home dated December 18, 2015

State the term remaining

ProNexus
171 Sully's Trail
Pittsford, NY 14534

List the contract number of any government contract

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.20.	State what the contract or lease is for and the nature of the debtor's interest	Software and Web Hosting Lease Agreement by and between Reliable Health Systems, LLC and HomeLife at Folts, LLC dated February 13, 2015 Automatic 2-year renewals	Reliable Health Systems, LLC 2610 Nostrand Avenue Brooklyn, NY 11210
	State the term remaining		
	List the contract number of any government contract		
2.21.	State what the contract or lease is for and the nature of the debtor's interest	Software License Agreement by and between SBV Workforce Management, Inc. and HomeLife at Folts, LLC dated February 19, 2015	SBV Workforce Management, Inc. 2 Kile Court Airmont, NY 10952
	State the term remaining		
	List the contract number of any government contract		
2.22.	State what the contract or lease is for and the nature of the debtor's interest	Agreement by and between Senior Network Health, LLC and HomeLife at Folts dated March 8, 2016 to provide certain medical and health-related services and social and environmental supports 1 month with automatic annual renewals	Senior Network Health, LLC 1650 Champlin Avenue Utica, NY 13502
	State the term remaining		
	List the contract number of any government contract		
2.23.	State what the contract or lease is for and the nature of the debtor's interest	Vending and Office Refreshment Agreement by and between Servomation Refreshments Inc. and Folts Home effective September 19, 2016 32 months	Servomation Refreshments Inc. 7098 Mount Pleasant Road Canastota, NY 13032
	State the term remaining		
	List the contract number of any government contract		

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.24. State what the contract or lease is for and the nature of the debtor's interest
 Social Work Consultant Agreement by and between Susan Parker Zdanowicz, LMSW and HomeLife at Folts LLC dated August 1, 2016

State the term remaining

List the contract number of any government contract

 Susan Parker Zdanowicz, LMSW
 417 East Walnut Street
 Herkimer, NY 13350

2.25. State what the contract or lease is for and the nature of the debtor's interest
 Plantinum Services Agreement by and between ThyssenKrupp Elevator Corporation and HomeLife at Folts, LLC dated May 13, 2015

State the term remaining

List the contract number of any government contract

 ThyssenKrupp Elevator Corporation
 6067 Corporate Drive
 East Syracuse, NY 13057

2.26. State what the contract or lease is for and the nature of the debtor's interest
 Service and Marketing Agreement by and between Time Warner Cable Enterprises LLC and HomeLife at Folts, LLC dated February 10, 2016

State the term remaining

List the contract number of any government contract

 Time Warner Cable Enterprises LLC
 2620 West Henrietta Road
 Rochester, NY 14623

2.27. State what the contract or lease is for and the nature of the debtor's interest
 Services Agreement by and between Tyco SimplexGrinnell and Folts Home dated September 21, 2015 to relocate head in electrical closet

State the term remaining

List the contract number of any government contract

 Tyco SimplexGrinnell
 6731 Collamer Road
 Suite 4
 East Syracuse, NY 13057

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.28. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Provider
Participation Agreement
by and between United
HealthCare of New York,
Inc., Oxford Health Plans
(NY), Inc. and United
HealthCare Insurance
Compay and HomeLife at
Folts, LLC d/b/a
HomeLife at Folts

State the term remaining

United HealthCare of New York, Inc.
300 Meridian Center Boulevard
Suite 320
Rochester, NY 14618

List the contract number of any government contract

- 2.29. State what the contract or lease is for and the nature of the debtor's interest

Facility Participating
Agreement by and
between United
HealthCare of New York,
Inc. and FRNC LLC d/b/a
Folts Center for
Rehabilitation and
Nursing Center dated
October 1, 2013 and
assigned to HomeLife at
Folts, LLC d/b/a
HomeLife at Folts on
February 14, 2015

State the term remaining

United HealthCare of New York, Inc.
300 Meridian Center Boulevard
Suite 320
Rochester, NY 14618

List the contract number of any government contract

- 2.30. State what the contract or lease is for and the nature of the debtor's interest

Purchase Agreement by
and between Folts
Home, Folts Adult Home,
Inc. and Upstate Service
Group, LLC dated
February 13, 2017

State the term remaining

Upstate Service Group, LLC
Attn: Efraim Steif
One Hillcrest Center Drive, Suite 325
Spring Valley, NY 10977

List the contract number of any government contract

Debtor 1 Folts Home

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.31. State what the contract or lease is for and the nature of the debtor's interest

Municipal Services Agreement by and between the Village of Herkimer, Town of Herkimer, Assessor for the Town of Herkimer, Folts, Inc., Folts Home, Folts Foundation, Inc., Folts Apartments, Inc. and Folts Adults Home, Inc.

State the term remaining

List the contract number of any government contract

Village of Herkimer
120 Green Street
Herkimer, NY 13350

2.32. State what the contract or lease is for and the nature of the debtor's interest

Residential Health Care Facility Services Agreement by and between VNA Homecare Options, LLC and HomeLife at Folts

State the term remaining

List the contract number of any government contract

VNA Homecare Options, LLC
1050 West Genesee Street
Syracuse, NY 13204

Fill in this information to identify the case:

Debtor name Folts Home

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Folts Adult Home, Inc.	104 N. Washington Street Herkimer, NY 13350	Town of Herkimer and Town Assessor	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.168</u> <input type="checkbox"/> G _____
2.2	Folts Adult Home, Inc.	104 N. Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.175</u> <input type="checkbox"/> G _____
2.3	Folts Adult Home, Inc.	104 N. Washington Street Herkimer, NY 13350	Rochdale Insurance Co.	<input checked="" type="checkbox"/> D <u>2.20</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Folts Adult Home, Inc.	104 N. Washington Street Herkimer, NY 13350	Wesco Insurance Company	<input checked="" type="checkbox"/> D <u>2.24</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Folts Apartments, Inc.	104 N. Washington Street Herkimer, NY 13350	Town of Herkimer and Town Assessor	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.168</u> <input type="checkbox"/> G _____

Debtor Folts Home

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Folts Apartments, Inc.	104 N. Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.175</u> <input type="checkbox"/> G _____
2.7	Folts Foundation, Inc.	104 N. Washington Street Herkimer, NY 13350	Town of Herkimer and Town Assessor	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.168</u> <input type="checkbox"/> G _____
2.8	Folts Foundation, Inc.	104 N. Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.175</u> <input type="checkbox"/> G _____
2.9	Folts, Inc.	104 N. Washington Street Herkimer, NY 13350	Town of Herkimer and Town Assessor	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.168</u> <input type="checkbox"/> G _____
2.10	Folts, Inc.	104 N. Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.175</u> <input type="checkbox"/> G _____
2.11	Folts, Inc.	104 N. Washington Street Herkimer, NY 13350	Rochdale Insurance Co.	<input checked="" type="checkbox"/> D <u>2.20</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.12	Folts, Inc.	104 N. Washington Street Herkimer, NY 13350	Wesco Insurance Company	<input checked="" type="checkbox"/> D <u>2.24</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.13	Folts Adult Home, Inc.	104 North Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u>

Debtor Folts Home

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Folts Adult Home, Inc.	104 N. Washington Street Herkimer, NY 13350	HomeLife Companies, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.11</u>
2.15	Folts Adult Home, Inc.	104 N. Washington Street Herkimer, NY 13350	Upstate Service Group, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.30</u>
2.16	Folts Apartments, Inc.	104 North Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u>
2.17	Folts Apartments, Inc.	104 N. Washington Street Herkimer, NY 13350	HomeLife Companies, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.11</u>
2.18	Folts Foundation, Inc.	104 North Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u>
2.19	Folts, Inc.	104 North Washington Street Herkimer, NY 13350	Village of Herkimer	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u>
2.20	HomeLife at Folts-Claxton, LLC	104 North Washington Street Herkimer, NY 13350	IPC Hospitalist Services of NY, PC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.13</u>

United States Bankruptcy Court
Northern District of New York

In re Folts Home

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>215,000.00</u>
Prior to the filing of this statement I have received	\$ <u>215,000.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Negotiate with secured creditors, taxing authorities and other government agencies concerning claim treatment, negotiate with prospective purchasers, administer sale of assets under section 363 of Bankruptcy Code, negotiate use of cash collateral, prepare joint chapter 11 plan and joint disclosure statement and all matters to properly administer chapter 11 case.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 16, 2017

Date

/s/ Stephen A. Donato

Stephen A. Donato 101522

Signature of Attorney

Bond, Schoeneck & King, PLLC

One Lincoln Center

Syracuse, NY 13202

(315) 218-8000 Fax: (315) 218-8100

sdonato@bsk.com

Name of law firm

United States Bankruptcy Court
Northern District of New York

In re Folts Home

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

None

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chairman, Board of Directors of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date February 16, 2017

Signature /s/ Dr. Anthony E. Piana
Dr. Anthony E. Piana

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

A.S. Neurology, P.C.
Attn: Dr. Ahmed A. Shatla
210 Old Campion Road
Utica, NY 13502

A.S. Neurology, P.C.
Attn: Dr. Ahmed A. Shatla
210 Old Campion Road
New Hartford, NY 13413

Abbott Laboratories, Inc.
75 Remittance Drive
Suite 1310
Chicago, IL 60675-1310

ABC Fire Extinguisher Co.
719 Court Street
Utica, NY 13502-4117

Ability Network, Inc.
Butler Square
100 North 6th Street, Suite 900A
Minneapolis, MN 55403

ABJ Fire Protection Co.
6500 New Venture Gear Drive
East Syracuse, NY 13057

Adirondack Compressed Gas
2430 Chenango Road
Utica, NY 13502-5909

ADP, LLC
One ADP Boulevard
Roseland, NJ 07068

Adult Day Healthcare Council
13 British American Boulevard #2
Latham, NY 12110

Airgas East
2 Main Street
Whitesboro, NY 13492

American Red Cross of the Mohawk Valley
1415 Genesee Street
Utica, NY 13501

Amherst Radiology
6000 Bailey Avenue
Suite 1D
Buffalo, NY 14226

Amtrust North America, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Angie Dorantes
611 North Main Street
Herkimer, NY 13350

Anthony Franco
114 Rome Street
Mohawk, NY 13407-4732

Arjo Huntleigh Co.
2349 W. Lake Street, Suite 250
Addison, IL 60101

Auto Salvage Technologies, Inc.
3107 NY-28
Herkimer, NY 13350

Bank of New York Mellon
225 Liberty Street
New York, NY 10286

Bank of New York Mellon
811 Court Street
Utica, NY 13502

Bassett Healthcare
One Atwell Road
Cooperstown, NY 13326

Biogenic Dental Corporation
282 Genesee Street
Utica, NY 13502

Bonadio & Co., LLP
7936 Seneca Turnpike
Clinton, NY 13323

Bonadio Receivable Solutions, LLC
171 Sully's Trail, Suite 201
Pittsford, NY 14534

Brown-Randall, Inc.
5519 State Route 5
Herkimer, NY 13350-3509

Business Development Bureau
398 Columbus Avenue
Boston, MA 02116-6008

Businessware Consulting
125 West Main Street
Waterville, NY 13480-1165

Cable Express
5404 South Bay Road
Syracuse, NY 13212

Capital District Physicians' Health Plan
500 Patroon Creek Boulevard
Albany, NY 12206-1057

Carlo Masi & Sons, Inc.
Wholesale Fruit & Produce
9 Wurz Avenue
Utica, NY 13502-2533

Carolyn V. Neverusky
612 Church Street
Herkimer, NY 13350

Carriage House Medical Management
2514 Genesee Street
Utica, NY 13502

Carriage House Medical Management
3985 Oneida Street, #101
New Hartford, NY 13413

Carrier Northeast
P.O. Box 4808
Building TR-5
Syracuse, NY 13221-4808

Catskill Spring Water
800 Broad Street
Utica, NY 13501-1402

CDMT, Inc.
137 Lark Street
Albany, NY 12210

Centrad Healthcare LLC
184 Shuman Boulevard, Suite 130
Naperville, IL 60563

Central Care Solutions, LLC
Attn: Mark Kalmanowitz
1420 East Linden Avenue
Linden, NJ 07036

Central New York Cardiology
Marian Medical Building
2211 Genesee Street
Utica, NY 13501

Central New York Cardiology
Orchard Hill Medical Building
301 Genesee Street, Suite B
Oneida, NY 13421

Centrex Clinical Labs
28 Campion Road
New Hartford, NY 13413-1694

Chem RX
750 Park Place
Long Beach, NY 11561

Chem RX
16 Walker Way
Albany, NY 12205

Cintas Corporation
P.O. Box 630910
Cincinnati, OH 45263-0803

Clarkair Systems
645 Persons Street
East Aurora, NY 14052-2525

Clinton Tractor & Implement Co., Inc.
31 Meadow Street
Clinton, NY 13323

CNY Cardiology
2211 Genesee Street
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Colonial LTC Pharmacy, Inc.
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Cool Insuring Agency, Inc.
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Dente Engineering P.C.
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Watervliet, NY 12189

Digital Office Solutions
104 Saluda Ridge Court
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Milwaukee, WI 53223-5815

Direct Supply, Inc.
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Ecolab, Inc.
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Folts Apartments, Inc.
104 N. Washington Street
Herkimer, NY 13350

Folts Foundation, Inc.
104 N. Washington Street
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Folts, Inc.
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Health System Services Co.
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Herkimer, NY 13350

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Herkimer, NY 13350

Herkimer County Sewer District
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Mohawk, NY 13407-1096

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394 E. State Street
Herkimer, NY 13350

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251 Osborne Hill Road
Herkimer, NY 13350

Herkimer Town Assessor
114 North Prospect Street
Herkimer, NY 13350

Herkimer Town Clerk
Herkimer Town Offices
114 North Prospect Street
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Little Falls, NY 13365

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The Evening Times
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Town of Herkimer and Town Assessor
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Wyatt Funding Corp.
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Armonk, NY 10504

United States Bankruptcy Court
Northern District of New York

In re Folts Home

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Folts Home in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Folts, Inc.
104 N. Washington Street
Herkimer, NY 13350

None [Check if applicable]

February 16, 2017

Date

/s/ Stephen A. Donato

Stephen A. Donato 101522

Signature of Attorney or Litigant
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